

UNITED STATES BANKRUPTCY COURT

Southern DISTRICT OF Texas

PROOF OF CLAIM

Name of Debtor

Case Number:

Cnp011
0035079-H2-11

NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.

Name of Creditor (The person or other entity to whom the debtor owes money or property):

Bank One National OD Recovery
P.O. Box 7146
Indianapolis, IN 46207☐ Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.

Name and address where notices should be sent:

Bank One National OD Recovery
P.O. Box 7146
Indianapolis, IN 46207☐ Check box if you have never received any notices from the bankruptcy court in this case.

Telephone number: 877-287-7303

☐ Check box if the address differs from the address on the envelope sent to you by the court.United States Bankruptcy Court
Southern District of Texas
FILED

JUN 26 2000

Michael N. Milby, Clerk

THIS SPACE IS FOR COURT USE ONLY

Account or other number by which creditor identifies debtor:

001900623882917

Check here ☐ replacesif this claim ☐ amends a previously filed claim, dated: _____

1. Basis for Claim

- ☐ Goods sold
- ☐ Services performed
- ☐ Money loaned
- ☐ Personal injury/wrongful death
- ☐ Taxes
- ☒ Other _____

- ☐ Retiree benefits as defined in 11 U.S.C. § 1114(a)
- ☐ Wages, salaries, and compensation (fill out below)

Your SS #: _____

Unpaid compensation for services performed

from _____ to _____
(date) (date)

2. Date debt was incurred: 2/9/99

3. If court judgment, date obtained:

4. Total Amount of Claim at Time Case Filed:

\$ 115.00

If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below.

- ☐ Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.

5. Secured Claim.

- ☐ Check this box if your claim is secured by collateral (including a right of setoff).

Brief Description of Collateral:

- ☐ Real Estate ☐ Motor Vehicle
- ☐ Other _____

Value of Collateral: \$ _____

Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ _____

6. Unsecured Priority Claim.

- ☐ Check this box if you have an unsecured priority claim

Amount entitled to priority \$ _____

Specify the priority of the claim:

- ☐ Wages, salaries, or commissions (up to \$4,300)* earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(3).
- ☐ Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4).
- ☐ Up to \$1,950* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(6).
- ☐ Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. § 507(a)(7).
- ☐ Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8).
- ☐ Other Specify applicable paragraph of 11 U.S.C. § 507(a)(_____).

*Amounts are subject to adjustment on 4/1/01 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.

7. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.

8. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If documents are not available, explain. If the documents are voluminous, attach a summary.

9. Date-Stamped Copy: To receive an acknowledgement of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.

Date

6/22/00

Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any):

Michael N. Milby, Clerk

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

THIS SPACE IS FOR COURT USE ONLY

730

UNITED STATES BANKRUPTCY COURT Southern DISTRICT OF Texas

PROOF OF CLAIM

Name of Debtor

Case Number:

Specialty Retailers, Inc. 0035079-H2-11

NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.

Name of Creditor (The person or other entity to whom the debtor owes money or property):

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Telephone number: 877-287-7303

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Account or other number by which creditor identifies debtor:

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Check here ☐ replacesif this claim ☐ amends a previously filed claim, dated: _____

1. Basis for Claim

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- ☐ Services performed
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- ☐ Taxes
- ☒ Other _____

- ☐ Retiree benefits as defined in 11 U.S.C. § 1114(a)
- ☐ Wages, salaries, and compensation (fill out below)

Your SS #: _____

Unpaid compensation for services performed

from _____ to _____
(date) (date)2. Date debt was incurred: 2/9/99

3. If court judgment, date obtained: _____

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- ☐ Check this box if your claim is secured by collateral (including a right of setoff).

Brief Description of Collateral:

- ☐ Real Estate ☐ Motor Vehicle
- ☐ Other _____

Value of Collateral: \$ _____

Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ _____

6. Unsecured Priority Claim.

- ☐ Check this box if you have an unsecured priority claim
- Amount entitled to priority \$ _____
- Specify the priority of the claim:

- ☐ Wages, salaries, or commissions (up to \$4,300)* earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(3).
- ☐ Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4).
- ☐ Up to \$1,950* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(6).
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Date

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Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

UNITED STATES BANKRUPTCY COURT Southern DISTRICT OF Texas

PROOF OF CLAIM

Name of Debtor

Case Number:

Specialty Retailers, Inc 0035079-H2-11

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VSXV1 VIEW SUMMARY 00250

| | | |
|--|------------------|---------------------------|
| | P | 115.00 |
| ACCOUNT NUMBER . 001900623882917 | O | .00 |
| SPECIALTY RETAILERS INC | I | .00 |
| DA DD 99 - - - 0010500DDA ACT A 02/09/1999 | C | .00 |
| REFR: | CLTR: BKRPT | BAL : 115.00 |
| AGCY: NRC-OH 09/03/1999 | LNOT: 06/22/2000 | BKR ORIG: 001900623882917 |
| MCAL: MBK 06/23/2000 | LPAY: | .00 11/25/1998 |
| | LLTR: 06/10/1999 | FIN 115.00 |
| PSCH: | COFF: 02/09/1999 | 115.00 |

DEBTOR ADDRESS: SUPP DEBTOR:

10201 MAIN ST 77025-0000

HOUSTON

TEL: 1-713-838-4336 B: 1-000-000-0000 T: B:

NOTES ----- MORE: + COMMENTS: BKR 0035079-H2-11 CHPT 11

BKR 06/22/2000 BKR 0035079-H2-11 CHPT 11 FILE FILED 6/1/00; JTLY ADMIN

D 6/1/00;JTLY ADMIN UNDER 00-35078-H2-11 UNDER 00-35078-H2-11.....

QUE 09/03/1999 ASSIGN FROM: PNDAGY , TO: NR CLAIM FILED 6/22/00 JYC

C-OH1/00;JTLY ADMIN UNDER 00-35078-H2-11

CMS QUEUE 00000 PAPERWORK SENT TO NRC

COMMAND ==>

PF1=HELP PF3=EXIT PF4=PROMPT PF5=PREV PF6=NEXT PF9=RETRIEVE PF12=CANCEL

VSXVi VIEW SUMMARY 00250

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HOUSTON 77025-0000

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10201 MAIN ST 77025-0000

HOUSTON

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